

AFFIDAVIT OF NOTICE OF PUBLIC HEARING
BOARD OF ZONING APPEALS

ADMINISTRATION BUILDING, ROOM 204
MARTINSVILLE, IN. 46151

_____(765) 342-1060 FAX: (765) 342-1091_____

AFFIDAVIT OF NOTICE FOR PUBLIC HEARING

STATE OF INDIANA

SS:

COUNTY OF MORGAN

I/We _____ do certify that a notice of public hearing to consider petitioners application before the Board was certified with return receipts and mailed to the last address of each of the following persons:

OWNERS NAME

ADDRESS

And that said notices were by certified mail being at least ten (10) days, prior to the date of the public hearing held on _____.

In the Administration Building, Martinsville, Indiana.

Signature of Applicant or Designated Party

Before me the undersigned, a notary public for Morgan County, State of Indiana, personally appeared _____ and acknowledged the execution of the foregoing instrument this _____ day of _____.

My Commission Expires

Notary Public

Residing in _____ County, Indiana Printed: _____

